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**REMARKS**

Let us look carefully at the basis of the claims rejections to see why there is no basis for any of the rejections. The quotation of 35 U.S.C. 103(a) "which form the basis for all obviousness rejections set forth in the office action" as the examiner states. It relies heavily on the fact that the examiner can comprehend what ordinary skill in the art he or she is examining is. From viewing all the communications these examiners have written it is clear that they do not know what ordinary skill in this art is and will not. A person with ordinary skill in this art is someone who is allowed to actually use such a devices to perform the life saving procedures at critical times when a patient needs it. It requires that the person with this ordinary skill has dissected the structures and on a human body and studied the organs and vascular and pulmonary structures to the highest degree as taught in United States medical schools. It would require that person with such "ordinary skill" to excel in medical school to be selected for training which few of the graduates can attain. It would require that person be allowed to perform these procedures on live patients, where one is attempting to access the pulmonary system in an emergent manner to relieve acute airway obstruction. This would require to person of "ordinary skill" to be selected for emergency medicine or thoracic surgery training. It would require this person of "ordinary skill" to perform at a high level for 110-130 hrs/wk to be allowed the privilege to handle these devices at critical times to save patients lives. To still perform these tasks in the middle of the night, even though you have been awake for 40hrs. There is no substitute for actually having the experience, skill and medical knowledge which comes from over

10 years of the most intensive medical training a person can experience. Ted Stigell cannot learn this by reading what other peoples patents are. The examiner cannot hyperspace into this position and give an opinion on what ordinary skill in this art when he has absolutely no comprehension of what that person's knowledge and skill level is impossible. It negates the basis for all of his rejections because in no way can understand what ordinary skill in this art even is, at his current level of education and training. One cannot go from zero medical training to understanding the limitations, functions and nuances of medical devices and procedures that it takes some with "ordinary skill" in the art 10 years of intensive medical training to achieve. I asked the examiner to present his training and education and reasons he would know what "ordinary skill in the art" of emergency medicine and thoracic surgery, and specifically relieving acute airway obstruction with seriously invasive instrumentation in the last communication, but he did not and cannot. If need be, based on the result of this appeal, I am very willing to take matter the matter to federal court where the examiners can state explicitly how they achieved understanding of "ordinary skill" in this art to render an opinion on what a person with "ordinary skill" would be able to develop based on their cited previous art. I will also try this matter, in civil court, to reclaim lost time and wages regarding dealing with the examiners in this case.

I cannot render opinions on what ordinary skill in the art of designing new O rings on the space shuttle. I have no training or education in aerospace engineering. It would ridiculous. These examiners have no graduate medical training or even basic anatomical training one would receive in medical school. They cannot render

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any opinion on what ordinary skill in this art is until they achieve that level of knowledge and procedural skill with regarding these devices which comes as mentioned with over 10 years of medical and surgical training and education.

I will now respond to the examiners specific rejections. The statement made by the examiner in his last final rejection of 2/12/08 stating "it is clear that the system would work just as well with a standard suction canister as it would with the claimed reservoir. How exactly does Mr. Stigell know that? Has he used different suction systems before? ( No) Has he connected the tubing and seen what the diameter is and flow rate that standard that a standard container can achieve?( No). Has he seen suction tubing obstruct when trying to remove foreign material over the glottis of a patient (No). Where is the glottis, Mr. Stigell? One with ordinary skill in the art or someone rendering an opinion about persons with ordinary skill, which Mr. Stigell is doing, would know this and he sadly does not.

My previous patent attorney presented that the system can be used with a standard container. It is feasible, but not preferable. I can state here for the record that it is not preferable to use my suction system with a standard canister because the debris may obstruct the inlet and outlet source to the vacuum. It is preferable to use the suction system.

In response to the assertion by the examiner that "the structure defined in claim 10 can be used in a materially different process such as suctioning the mouth or a wound in the body." No Sir, it cannot. The said structure defined in claim 10 is beveled at the tip and cannot be used for "a wound on the body". It is clear the

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examiner because of his profound lack of medical knowledge does not know what is a "wound on the body. The examiner did not define a wound on the body. One who was rendering opinions about ordinary skill in this art would know that many "wounds on the body" have small delicate structures; nerves, tendons, micro-arterial and venous structures and connective tissues which would be destroyed by our orotracheal suction to be applied to them. A suction intended for use in the oropharynx and trachea cannot be applied to any "wound on the body." If Mr. Stigell understood what ordinary skill in the art this comparison would not be made. Suctioning a surgical or traumatic wound on the body, given the size and the particular structures involved, is a completely different enterprise requiring specific suctioning catheters and equipment which are protected by different patents even though they are providing an apparatus which suctions. It depends on where the wound is, what has been injured, how deep the wound is and what are the particular fine structures involved-none of which Mr. Stigell takes into account because he has no knowledge or training in this art.

There are multiple inventions which are inherently the same device, but used for very different applications even though they have the same basic structure. A Foley catheter is basically a catheter with a balloon. A Swanz-Ganz is basically a catheter with a balloon. A Fogarty catheter is basically another catheter with a balloon which is used to remove arterial and venous obstruction. The Foley is used to drain the bladder. A Swan-Ganz is used to measure pulmonary capillary wedge pressure, as well as left ventricular end diastolic pressure and cardiac output. One with ordinary skill in the art could easily come up with the Swan Ganz and the Fogarty

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Catheter since they are essentially the same structure and device as the Foley: flexible catheters with balloons at the distal ends. The Swan-Ganz catheter and Fogarty are even used in the same organ system-the arteriovenous system; I am willing to accept that my invention is not patentable under 35 U.S.C. 103(a) if the examiner can invalidate the patents of the Swanz-Ganz and Fogarty catheters which are essentially the same devices. How more obvious and similar can these devices be, yet somehow they achieved patent protection. It defies reason that Ted Stigell can render opinions about what individuals with "ordinary skill" in this art could develop, when he has no training or skill in this art, yet these catheters with balloons have achieved been awarded patents but they are essentially the same device. Mr. Stigell did not have any answer to this in the previous communication.

In this case, the examiner has rejected claims 10,13,14 16-17 as unpatenable over Pell(U.S. Pat. No.4,850,348). et al, in review of Wood (GB)2,220,357 and Joseph (US Pat no 5819723). He has cited three patents that are unrelated to each other and to the applicant's device. Pell's device as mentioned before has no function to suction the oropharynx or trachea and as previously presented has no design to capture debris into a receptacle. It is a tube used for endotracheal intubation for use with a ventilator and as a positioning device in the mouth. It has no structure or mechanical design to allow for any suction

Someone with "ordinary skill" in the art cannot think of using this device for any other purpose or they would have seriously less than even ordinary skill, or better stated no skill or dangerous skill in the art. The examiner cannot comprehend